

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7250

BIRTH NO.		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 74	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Bradigum		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) March 1 1949	
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 3 1865	
9. AGE (In years last birthday) 83		10. AGE (In years last birthday) 11		11. AGE (In years last birthday) 26		12. AGE (In years last birthday) Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Lumber Sawman		11. BIRTHPLACE (State or foreign country) Adair County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ambrose Bradigum		13b. MOTHER'S MAIDEN NAME Sarah Nelson		14. NAME OF HUSBAND OR WIFE Minta Bradigum			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minta Bradigum Kirksville Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poisoning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Glomerulo-nephritis, prostatitis, cystitis. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 days Gouty 4 months Chronic 20 years.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5 1 0 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 27, 1947, to February 7, 1949, that I last saw the deceased alive on February 27, 1949, and that death occurred at 1230 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Howard E. Gross		23b. ADDRESS P.O. Kirksville, Mo.		23c. DATE SIGNED 3-5-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar-3-1949		24c. NAME OF CEMETERY OR CREMATORY Indian Hill		24d. LOCATION (City, town, or county) (State) Adair County MO	
DATE REC'D BY LOCAL REG. 3-5-49		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE H. N. McCollum		ADDRESS South Gifford Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 3-49-41

Date Filed MAR-16 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed Clyde M. Callum

Licensed Embalmer No. 3226

P. O. Address South Gifford Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.